Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/19/2026		715-361-7700

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f)., DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Lco Head Start-Early Head Start	1000577891 / 002 - 1008964

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
8837 N Trepania Rd Hayward WI 548432211	715-634-8560	4/20/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(a) **Supervision Of Children** Description: Child 1 was left unsupervised in the classroom for approximately 5 minutes. Staff did not provide sight and sound supervision to ensure safety.	Two staff meetings were held to discuss the importance of active supervision and use of Name/Face Attendance. The Program consistently reviews the Importance of active supervision. We Have implemented a radio check for the last classroom leaving the playground. Management immediately clears the Playground to ensure No child is left Unsupervised.	5/19/2026	
2	251.055(1)(f) **Child Tracking Procedure** Description: The child tracking procedure failed when Child 1 was left on the playground unsupervised while the rest of the group transitioned inside.	Tracking forms for Name/Face Attendance during all transitions and radio call-ins to clear the playground are implemented daily.	5/19/2026	

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NAME - Agency Worker
Brooke Lampe

Date Issued
5/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Barbara Bullis

Date Signed
5/19/2026